

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Required)
April 18-2013
(MF)

Permit #: 13-00063
Date: 5-8-13
Amount Paid: \$75480-13
Return:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Bayfield Co. Zoning Dept.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Robert B. Lang
Address of Property: 45430 Blue Moon Rd
City/State/Zip: Cable, WI 54821
Mailing Address: 1635 Old D Rd
City/State/Zip: Cable, WI 54821
Contractor: self, Cleary Bldgs.
Contractor Phone: _____
Plumber: _____
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached: ☐ Yes ☒ No

PROJECT LOCATION: SE 1/4, NE 1/4
Legal Description: (Use Tax Statement) 04-012-2-43-07-06-1 04-000-10000
PIN: (23 digits)
Volume: 180
Page(s): 994
Subdivision: _____
Recorded Document: (i.e. Property Ownership)
Lot Size: _____
Acreage: 29.527

Section: 6, Township 43 N, Range 2 W
Town of: Cable

Shoreland: ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes--continue -->
Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion: \$14,000
Project: ☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City ☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary ☐ Sanitary (Exists) ☐ Specify Type: Conv ☐ Conversion ☐ 2-Story ☐ 3 ☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or Vaulted (min 200 gallon) ☐ Run a Business on Property ☐ No Basement ☒ None ☐ Portable (w/service contract) ☐ Compost Toilet ☐ Foundation ☐ None ☐ Water

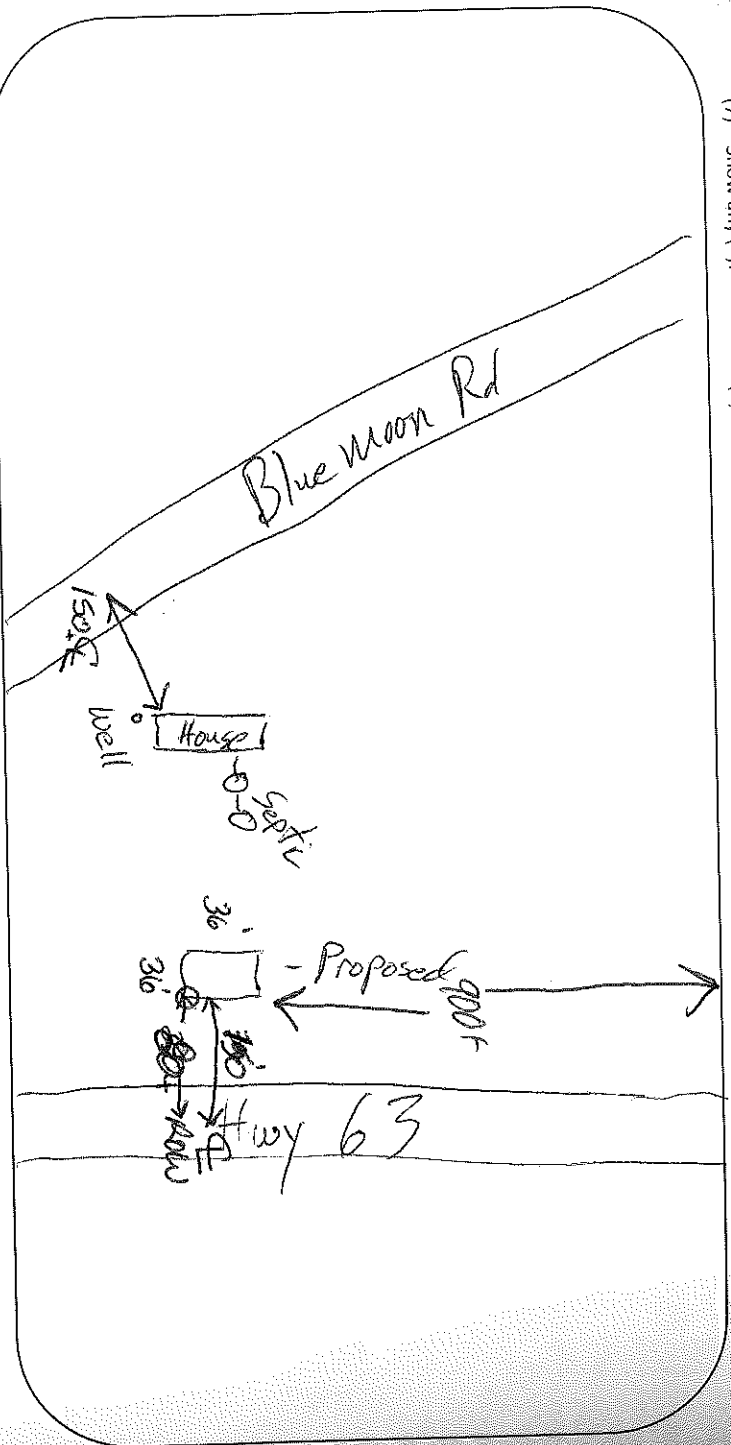
Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 36 Height: 18
Proposed Construction: Length: 36 Width: 36 Height: 18

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
	with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	(36 X 36)	
	Accessory Building Addition/Alteration (specify)	(34 X 48)	1,152
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I, the undersigned, (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property as a responsible time for the purpose of inspection.
Owner(s): X Robert B. Lang
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: same as above
Date: 11-26-12
Attach: ☒ Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	90+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	900+ Feet	Setback from Wetland	600+ Feet
Setback from the South Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the West Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	US Hwy 63		NA Feet
Setback to Septic Tank or Holding Tank	100+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0063		Permit Date: 5-8-13			
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (A-1)			
Mets all setbacks. Property lines persons representations.		Lakes Classification ()			
Date of Inspection: 11/1/13		Date of Re-Inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No they need to be attached			
May not be used for human habitation. No water pressure in structure.					
Signature of Inspector: Michael Tuttle		Date of Approval: 5-8-13			
Hold For Sanitary: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hold For TBA: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hold For Affidavit: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Hold For Fees: \$75		Hold For Fees: \$75			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
APR 3 02 2013

Permit #:	13-00000
Date:	5-9-13
Amount Paid:	\$75 4-30-13
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Josh Washburn

Mailing Address:

1214 N. Oak Lake Ave

Telephone:

312-671-4117

Address of Property:

14905 Nordmor Rd

City/State/Zip:

Cable WI 54821

Contractor:

Scott Birkd

Contractor Phone:

715-798-2364

Plumber:

N/A

Authorized Agent: (person Signing Application on behalf of Owner(s))

Scott Birkd

Agent Phone:

715-798-2364

Agent Mailing Address (include City/State/Zip):

19720 Pioneer Rd Cable WI 54821

PROJECT LOCATION

Legal Description: (Use Tax Statement)

SE 1/4, SE 1/4

Lot(s)

CSM

Volume

1903

Recorded Document (i.e. Property Ownership)

348

Section

20, Township 43, N. Range 7, W

Town of:

Cable

Subdivision:

5th Village North (Telebank)

Lot Size

0.860

Acres

0.860

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Non-Shoreland

Value at Time of Completion * include donated time & material

Project (What are you applying for)

of Stories and/or basement

Use

of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

\$15,000

<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	<input checked="" type="checkbox"/> Specify Type: MOUND
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 35'	Width: 12'	Height: 10'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2nd) Deck	() X ()	()
	with a Deck (Adding a steel roof)	(12' X 35')	420
	with (2nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()
Rec'd for Issuance			
MAY 08 2013			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application including any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

19720 Pioneer Rd Cable WI 54821

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement

Sanitary over DOE. ALSO HAS STEPPED WATERS FOR TBA.

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Plot Encompassed
See Survey
and Survey
Thanks

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250 Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	275 Feet	Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	210 Feet		
Setback from the South Lot Line	75 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	30 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	240 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 467104	# of Bedrooms: 3	Sanitary Date: 10-27-04		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-0046	Permit Date: 5-9-13					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (bead of record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (fused/contiguous lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)				
Granted by Variance (B.O.A.)	Case #:	Case #:				
Was Parcel legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed				
Inspection Record:	Zoning District (RRB)					
Structure is existing. Addition on existing (over) deck.	Lakes Classification (N/A)					
Date of Inspection: 5-7-13	Inspected by: M. Fuchs	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
No increase in structure's footprint.						
Signature of Inspector: Michael Fuchs		Date of Approval: 5-8-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

MAP OF SURVEY

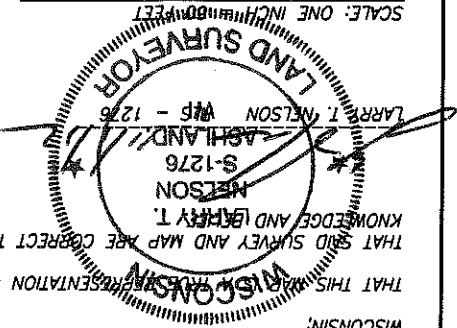
LOTS 3 AND 4, CLUSTER V, PLAT OF SKI VILLAGE NORTH SECTION OF TELEMAR VILLAGES, LOCATED IN THE SE 1/4 - SE 1/4 OF SECTION 20, T. 43 N., R. 7 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN

TOTAL AREA
76,753 SQ. FT.
1.76 AC.

CURVE TABLE

CURVE	ARC	DELTA	RADIUS	CHD. DIST.	CH. BEARING
C1	107.37	123°02'22"	50.00	87.90	S 60°12'34" E
C2	55.28	62°20'37"	50.00	52.51	S 30°21'41" E
C3	52.09	59°41'45"	50.00	49.77	N 88°07'08" E

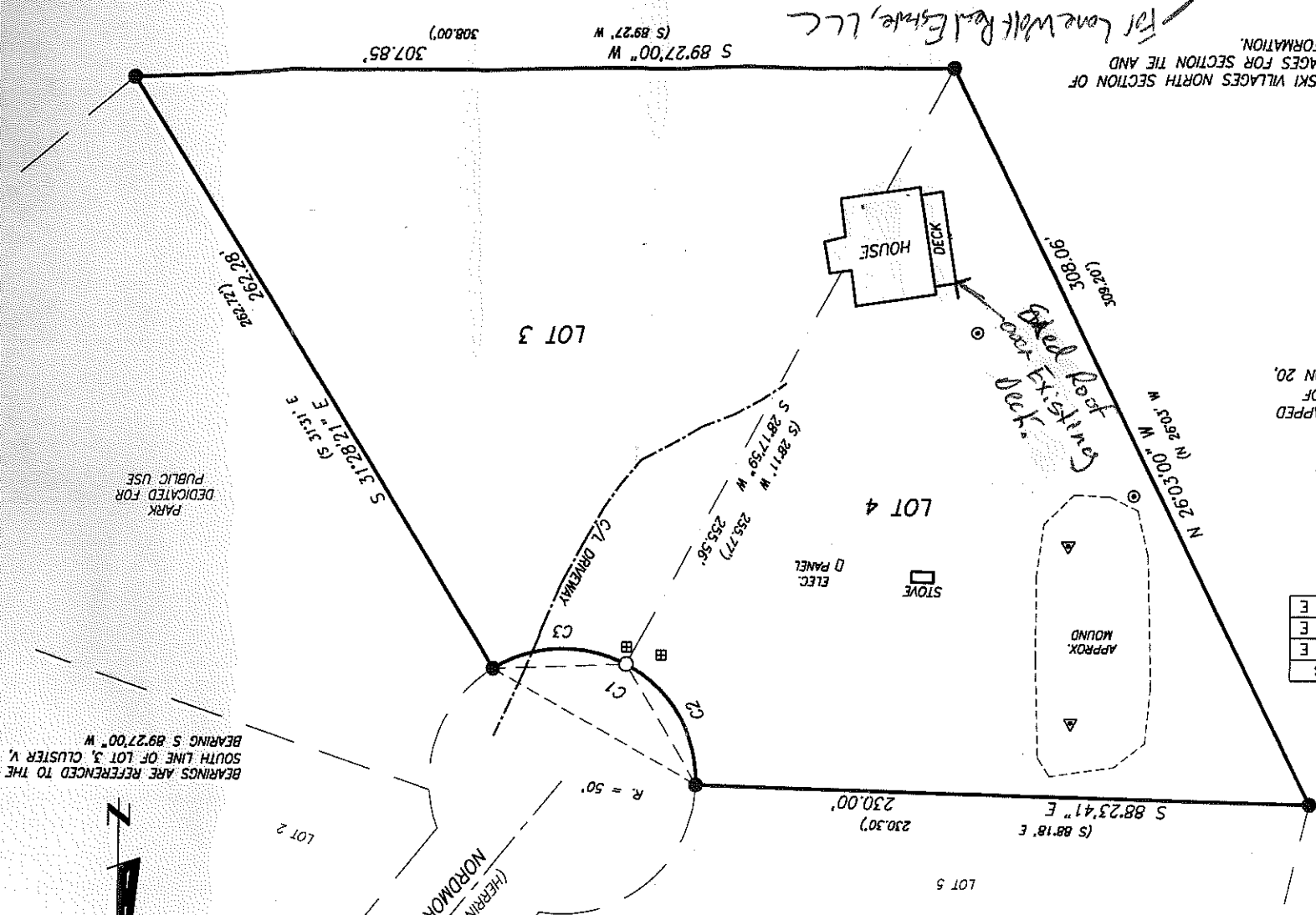
SURVEYOR'S CERTIFICATE
I, LARRY T. NELSON, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:
THAT ON THE ORDER OF JOSH WASHLOW, I HAVE SURVEYED AND MAPPED LOTS 3 AND 4, CLUSTER V, PLAT OF SKI VILLAGE NORTH SECTION OF TELEMAR VILLAGES, LOCATED IN THE SE 1/4 - SE 1/4 OF SECTION 20, T. 43 N., R. 7 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN;
THAT THIS MAP IS A REPRESENTATION OF SAID SURVEY, AND THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



- LEGEND
- FOUND 2" IRON PIPE
 - SET 1-1/4" X 18" IRON PIPE
 - () RECORDED DATA
 - ▲ SEPTIC VENT
 - ⊙ SEPTIC COVER
 - ⊞ CURB STOP

CLIENT: JOSH WASHLOW
JOB NO.: N12/186
SCALE: 1" = 60'
DATE: 10/30/12
DRAFTED BY: JRN
FILE: T43NR7W/SEC20
NB.HON B-23 PG.

NELSON
SURVEYING
INCORPORATED
SURVEYING NORTHERN WISCONSIN SINCE 1964
101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
FAX: (715) 682-2692
MAP NO. CSM 2503



APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
COMMON OVERLAP: ALSO HAS STEPPED WATERS FOR TBA.